



**Planning & Development
Department**

CONDITIONAL USE PERMIT



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**Planning & Development
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CONDITIONAL USE PERMITS**



Eligibility Requirements	CARETAKERS QUARTERS	MODEL HOME SALES OFFICE COMPLEX	CONSTRUCTION OFFICE / YARD COMPLEX	TEMPORARY SEASONAL SALES
Medical condition requiring on-site care of individual. Conditions must be documented by a notarized physician's statement (on official letter head). ALLOWED ONLY IN RURAL ZONING DISTRICTS.	•			
Documented extended absences from the property by the occupant(s) of the principal residence. Unusual conditions must exist which require an on-site caretaker. Justification for the caretaker shall not be merely those activities associated with the normal responsibilities of a resident to maintain his property, including the care of farm animals. ALLOWED ONLY IN RURAL ZONING DISTRICTS.	•			
Model home sales complex and / or office only when uses are associated with the developer / owner and subdivision or project in which they are located. ALLOWED IN ALL RURAL AND RESIDENTIAL ZONING DISTRICTS.		•		
Construction yard and construction office complex may include security office or residence for security guard only when uses are associated with the developer / owner and subdivision or project in which they are located. ALLOWED IN ALL ZONES. ** Projects in Industrial zoning districts will generally be directed to apply for an Industrial Unit Plan of Development.			•	
Temporary seasonal sales operations which shall be limited to thirty days and shall not be renewed. May be applied for up to four times during one calendar year. ALLOWED IN ALL RURAL & COMMERCIAL ZONING DISTRICTS.				•



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CONDITIONAL USE PERMIT APPLICATION



APPLICATION MUST BE COMPLETED IN FULL

REQUEST:

If this is a renewal (Status Report), what is the original case number? _____
Description of Request: _____
Existing Use of the Property: _____
Current (existing) Zoning District: _____
Length of Time Requested: _____
Related or Previous Case Numbers: _____

PROPERTY INFORMATION:

Address (if known): _____
General Location (include nearest city/town): _____
Size in Acres: _____ Square Feet: _____
Legal Description: Section: _____ Township: _____ Range: _____
Tax Assessor's Parcel Number: _____
Subdivision Name (if applicable): _____

APPLICANT INFORMATION:

Name: _____ Contact: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone #: _____ FAX #: _____
Email Address: _____

PROPERTY OWNER INFORMATION:

Name: _____ Contact: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone #: _____ FAX #: _____
Email Address: _____

ALL FEES ARE DUE AT TIME OF APPLICATION AND ARE NON-REFUNDABLE.
Applicant's signature: _____ Date: _____

DEPARTMENT USE ONLY:

Case #: _____ Zoning Map #: _____ Supervisor District: _____
Development Code: _____
Date of Submittal: _____
Fees: _____ Accepted By: _____



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PROPERTY OWNER AUTHORIZATION



COMPLETE THIS FORM IF THE APPLICANT IS NOT THE PROPERTY OWNER

Date: _____

I hereby authorize: _____ ,

address _____ , to

file this application and to act on my behalf in regard to this request.

Property Owner's Signature: _____

Printed Name: _____

DEPARTMENT USE ONLY

Case Number: _____

Project Name: _____



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Application Checklist	STATUS REPORT (Renewal)		
	ORIGINAL SUBMITTAL	REVISIONS	STATUS REPORT
Application complete with supplemental questionnaire (3 copies). Both forms must be completed and signed by the owner or accompanied by a completed Property Owner Authorization form (2 copies).	•		•
Three folded copies of a site plan of the property, drawn to scale. Indicate the north point, property lines and dimensions. This should follow all guidelines detailed in the example site plan.	•	•	•
2 copies of an official recorded / revised deed or title for the property.	•	•	
Fees: Residential Use - \$75; Non-Residential Use - \$250	•		
Fees: Residential Use - \$25; Non-Residential Use - \$100			•
Notarized letter from a physician is required for a caretaker request related to a medical condition.	•		•
Documentation is required for a caretaker request related to extended absence.	•		•
A Status Report containing a statement relating to status of existing permit and circumstances for continued need.			•
Any other information as deemed necessary by staff.	•	•	•

- An annual renewal (status report) as outlined above is required if the conditional use will continue for more than one year. Failure to submit a renewal shall be considered notice of discontinuation.
- Failure to meet any requirements of the Conditional Use Permit (stipulations, conditions) shall result in revocation of the Conditional Use Permit by the Zoning Inspector and a potential zoning violation case.
- After the Conditional Use Permit has been approved, you are required to obtain a zoning clearance and building permit prior to construction or placement of a trailer on the property.



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CONDITIONAL USE PERMIT
SUPPLEMENT QUESTIONNAIRE

1. Explain the type of Conditional Use being proposed and why it is needed:

2. Please note any other comments:

3. Identify all permits and/or projects related to this property.

4. Please attach any additional information. Supplements should be clear and legible.

5. Applicant's signature: _____

DEPARTMENT USE ONLY:

CUP Case #: _____

